U S Department of Labor
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only		
Rect READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT	
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Q _{MS DPOP}		
1 File Number U 1008	2 Fiscal Year Covered From	
/	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Stanley L Theis	Name Plumbers and Gasfitters Local 34	
	Labor Organization File Number 041-013	
PO Box Bldg Room No If any 1245 Burke Avenue	P O Box Building and Room Number if any 215	
Street 1245 Burke Avenue	Street 411 Main Street	
City Roseville	City Saint Paul	
State Minnesota ZIP Code + 4 55113	State Minnesota 7 ZIP Code + 4 55102-1032	
5 Position in labor organization Financial Secretary	T.	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests ' (except as specified in the exclusions set forth in the instructions)		
(except as specified in the excl	usions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	usions set forth in the instructions) derived income or other economic benefit of	
(except as specified in the excl. A Held an interest in engaged in transactions (including loans) with or	usions set forth in the instructions) derived income or other economic benefit of	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	usions set forth in the instructions) derived income or other economic benefit of ion represents or is actively seeking to represent	
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A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate. 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 Signature and verification The undersigned declares under penalty of	derived income or other economic benefit of ion represents or is actively seeking to represent 7 a Nature of Interest, Transaction or Income 7 b Amount. 7 b Amount. Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizated. 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany	derived income or other economic benefit of ion represents or is actively seeking to represent 7 a Nature of Interest, Transaction or Income 7 b Amount. 7 b Amount. Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the	

7			
Name of Person Filing STABLEY h-THR/	File Number U		
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rmse dealing with the business ively seeking to repri sent or directly to or otherwise		
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street	9 Business deal with a Labor Organization b Trust c Employer		
City -State			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Trade Name if any			
Street Translation Street Street Translation Street	11 b Approximate dollar value of such dealing	,连续是一种的。	
City State Sta	12 a Nature of into re t held or income received		
	12 b Amount	* * * * * * * * * * * * * * * * * * *	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name 557 Paul Plauls Ass 5 JATC	14 a Nature of payment.	THER	
Trade Name if any	ENSTRUCTOR DI	Julia Comment	
Street 35 MARS WIN LL MANNES		A 71 A 71 C 22 C 22 C 22 C 22 C 22 C 22 C 22 C 2	
City ST_PARC State MM ZIP Code + 4 55 102	6 J	, , , , , , , , , , , , , , , , , , ,	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	44.00	

Name of Person Filing STHNLRY L THI	Ec S File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a busine (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or celling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Trade Name if any PO Bcx Bldg Room No if any Street Cty A 111	9 Business deal with a Labor Organization b Trust c Employer			
State				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	11 b Approximate collar value of uch dealing 12 a Nature of into rest held or income received			
	and the second s			
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor F elation. Consultant	14 a Nature of payment.			
(including trade name if any)				
Name MORGAN STANCEY	COOLF Ruant			
Trade Name If any				
PO Box Bldg Room No If any - ちょんと - かかんし				
Street 3925 W 5014 STREET				
city Fedina				
State				
13 b Is the Business an Employer or Consultant 2 ?	14 b Amount of payment			
13 b Is the Business an Employer or Consultant 2 ?	15000			

Name of Person Filing STANLRY h TH	res	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name CALL TO STATE OF				
Trade Name if any	a Labor Organiza	tion		
PO Box Bldg Room No if any	b Trust			
Street Street	E Employer			
City City City City City City City City				
State ZIP Code + 4		and the same of th		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such deali	ng		
Name		The state of the s		
Trade Name if any	, =			
PO Box, Bldg Room No if any		The state of the s		
Street Tylin half or 15 to 15	11 b Approximate dollar valu	ie of such dealing		
City Land Property Control of the Co	12 a Nature of interest held			
State				
	12 b Amount.	1 - 4 1 1 3 1		
C Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money	or other thing of value 14 a Nature of payment.			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	The reaction of payment			
Name _MMCAline	GOLF	Every		
Trade Name if any				
PO Box Bldg Room No if any				
Street 830 TRANSFER Rd				
City ST, PAUL - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
State ZIP Code + 4 55 1/4 8621	<u> </u>			
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.			